

shall be issued by any health officer or deputy until three has been delivered to him a certificate of death written in unfading ink (or indelible pencil) and completely and accurately filled out by the proper person. In the event of a burial or other disposal of a dead human body without a permit, as herein provided, the attending person upon conviction, shall be fined not less than five nor more than one hundred dollars, and if the remains of the dead body are disposed of in violation of the provisions of this act, the offender of the county in which the offense was committed shall be liable for the same as if the offender were the person who disposed of the same. The cost of said inquest shall be borne by the county but the same may be recovered by the coroner or his deputy from the person or persons who are responsible for such illegal burial or other disposal of said human body.

NEVER WRITE IN THESE SPACES
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH County of <u>Kataish</u> Township of <u>Noble</u> Town of _____ or _____ City of _____ (No. _____ St. _____ Ward _____)		Indiana State Board of Health. CERTIFICATE OF DEATH. Registered No. <u>847</u> 166 [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] FULL NAME <u>Sauriel Klinger</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX <u>Male</u> COLOR OR RACE <u>White</u> SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widower</u>	DATE OF DEATH <u>Nov 16 1913</u> Month Day Year	I HEREBY CERTIFY, That I attended deceased from <u>Sept 11 1913</u> to <u>1913</u> that I last saw <u>living</u> on <u>Nov 14 1913</u> and that death occurred, on the date stated above, at <u>4 P.M.</u> The CAUSE OF DEATH was as follows: <u>Substituted nephritis</u>
NAME OF HUSBAND OR WIFE <u>Widower</u> DATE OF BIRTH <u>June 10 1836</u> Month Day Year AGE <u>77</u> years, <u>5</u> months, <u>6</u> days IF LESS than 1 day, _____ hrs. or _____ min.?	OCCUPATION <u>None</u> (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE OF DECEASED <u>Ohio</u> NAME OF FATHER <u>Michel Klinger</u> BIRTHPLACE OF FATHER <u>Penn.</u> MAIDEN NAME OF MOTHER <u>Rachael Widner</u> BIRTHPLACE OF MOTHER <u>Penn.</u>	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Geo Klinger</u> (Address) <u>Wabash Ind.</u>	CONTRIBUTORY (SECONDARY) _____ (Signed) <u>G.M. Laballe M.D.</u> <u>11/16/1913</u> (Address) <u>Wabash</u> *State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death Farmer or Usual Residence _____
BURIAL PERMIT ISSUED BY _____	PLACE OF BURIAL OR REMOVAL <u>Hartford City Ind.</u> DATE OF BURIAL <u>Nov 18 1913</u> UNDERTAKER _____ WAS THE BODY ENBALMED? <u>yes</u>	